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ABSTRACT

The presentation reviews the evolution of a summer special education assessment team. The interdisciplinary team grew from a due process specialist and occupational therapist to include a speech clinician. Their roles changed from processing students for special education to facilitating the transition of students and their families from private agencies to a public school program. Characteristics of effective interdisciplinary teams are listed, including defined boundaries and common language. The team process is described, and needs of agencies, staff, and parents identified. The student evaluation and Individual Education Program development process are charted for 1979/80, 1980/81, and 1981/82. Assessment team data are also summarized according to motor, personal-social self care, and language development. (CL)

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916 ISD SUMMER ASSESSMENT TEAM

FACILITATOR FOR TRANSITION OF STUDENTS

FROM AGENCY TO PUBLIC SCHOOL PROGRAMS

916 SPECIAL INTERMEDIATE SCHOOL DISTRICT
3300 Century Avenue North
White Bear Lake, Minnesota 55110

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April 13, 1982

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Gloria Wiemann, OTR
3/15/82

PHILOSOPHICAL OVERVIEW OF THE ASSESSMENT TEAM'S DEVELOPMENT

Greek mythology tells us that Minerva, the goddess of wisdom leaped forth from the brain of Jupiter, quote "mature and in complete armour" unquote. Unfortunately, teams are not created in the same manner. A mature team evolves by processes of give-and-take, trial-and-error, objective evaluation of what is happening and by renewed beginnings. Theorists in the area of group development have identified a series of "life stages" in the evolution of a team and have found characterists common to each of the stages. My task in the next few minutes is to trace the evolution of our summer assessment team.

As Dr. Johns has indicated, the 916 Special Intermediate Educational Program developed from a multi-district concept in which 9 component districts agreed to provide services for their students by busing them to specialized education facilities. The Centerville Learning Center is one of 4 sites equipped to provide special educational and related services to approximately 100 students ranging in age from 4-14.

In the fall of 1978 Jan and I took our respective positions at Centerville Learning Center as Due Process Specialist and Occupational Therapist. Mary had been providing speech services there since 1974. Our work together in the first year was multi-disciplinary in nature. As specialists, we performed student evaluations, recommended placement/ and educational plans,and determined the kind of programming to be provided. Information from the specialists,who had tested the student in isolation, was not pooled until the time of the staffing. What we have in a multi-disciplinary approach to teaming is coexistence with little coordination of goals.

In the spring of 1979 questions began to be raised about these kinds of issues:

1.) Why were administrators periodically being called in to put out fires at staffings?
2.) What were the concerns of parents whose children were moving from an agency program where the family felt comfortable to a public school setting which was new and strange for both child and parents.
3.) Would it be more feasible to process new students in the summer versus waiting until the fall?
4.) Should we change our team model from multi to interdisciplinary?

The Summer Assessment Team began in response to these questions. In the summer of 1979, Jan and I worked together to process new students for admission to our program in the fall.

Our beginning was difficult. We weren't sure about what was expected of us. The setting was unfamiliar. There were no clearly defined boundaries for our job. Nevertheless, outcomes of this first experience set us on our way to team development. From this experience came the beginnings of a communication system, adaptation to one another personally and professionally, and identification with a purpose.

By the spring of 1980, we recognized a need for an additional team member. In the previous summer Jan and I had addressed the student needs for gross and fine motor programming, self-care, academics, and socialization. What was missing was the specialized knowledge and skill which could be provided by a speech clinician. Mary joined the team in the summer of 1980.

It was at this point that an interdisciplinary team began taking shape. The team in this type of system still consists of a number of persons from diverse professions, however, the purpose of the interdisciplinary team is to optimize the special contribution in skills and knowledge of the team members. While processing new students during the summer of 1980, the 3 of us were also developing skills in understanding one another's personal and professional capabilities. We were developing attitudes and abilities by which to handle the team processes. Norms and roles were being established. As a team, we were using evaulation instruments, making decisions, and setting goals. Researchers have found that the effectiveness of any team is to a great extent a function of the individuals who comprise it's membership. We became convinced that through the interdisciplinary team process the needs of the persons served could be met far more effectively than would be possible by independent or individual actions.

In the spring of this year, the team was in the operational stage. This is the stage of actual interdisciplinary team performance in which, having completed it's internal organization, it can focus it's attention on it's external purpose. Both philosophically and practically we believe that our summer assessment team grew in it's contribution to student programming. We were able to move from performing the function of processing students for admission to our special education program to facilitating the transition of students and their families from private agencies to a public school program. Mary will be explaining the process by which the team performs it's tasks in order to meet it's goals.

CHARACTERISTICS OF AN EFFECTIVE
INTERDISCIPLINARY WORK TEAM

Organizational Mandate
Defined Boundaries
Identified Purpose/Task
Shared Objectives
Clear Goals
Goal Agreement
Commitment to Outcome
Structure for Getting Things Done
Common Language
Shared Norms
Production Standards
Decision Methods and Procedures
Share Leadership
Task and Interpersonal Resources Among Members
Capacity for Trust Among Members
Delegated Responsibility
Problem Solving Skills
Evaluative Mechanisms

THE OPERATION OF THE SPECIALTY TEAM

Gloria, discussed who the team members were and now I am going to discuss how we operate.

The initial contact of one of our specialty team members with the parents of a potential student could consist of a formal presentation focusing on a description of our program in terms of facilities, curriculum, and available services at the private agency site or parent tours of our facility accompanied with a program description, which ever is requested. All team members are then responsible for reading the student's educational file prior to observing the students at the private agency site. All of the available assessment data is reviewed and the student's strengths and weaknesses are recorded before the agency site observation. After this visit the student is assessed in the home with either the parent participating or with the parent observing. During the home visit, the parent provides background information and comments on the accuracy of the child's performance in the testing done by the occupational therapist and speech clinician. The assessments are in the areas of fine and gross motor, feeding/sensory motor development and speech and language. Other background information is collected through a developmental checklist in terms of a student's social skills, self-care skills and leisure/play skills. From our assessment information the student's strengths and weakensses are determined and prioritized. The team looks at what areas can be programmed together combining for example a language with a fine motor objective. We check the team's recommendations, with the previous IEP (Individual Educational Plan) so that there is consistency in programming for the child. This information is then taken to the placement conference by the team at which time the student's IEP (Individual Educational Plan) is written with input from the parents. During the staffing, parents participate in goal setting and establishing a priority of student needs. The team's goal is to have objectives in all the priority areas but not more than a total of 15 objectives including individual therapy objectives if appropriate. The final copies of the IEP are written after the staffing.

An important factor to remember is that by the time of the placement conference the team has had two or three previous contacts with the parents during the assessment process. This familiarity provides an atmosphere for active parental envolvement in the goal setting process. After this conference the team ensures that all Due Process guidelines regarding the students have been met. If there is a need for special services or equipment for a student due to his needs, the school administration is formally notified by the team.

The team provides information regarding the student to teachers in several ways. A summary meeting with the assigned teacher or teachers is conducted on the teacher preparation day at the beginning of school. Written reports are completed and placed in files. A packet with the student's IEP and relevant classroom information is given to each assigned teachers. The assigned teacher has the option to observe the student at the agency site and participate in placement staffings.

Parents frequently observe students during their first few weeks at the new school. A six week or initial review is held to discuss appropriateness of the student's placement and IEP. A luncheon of new parents has been held at the end of the year for feedback regarding team procedures and the meeting of parental needs.

NEEDS

AGENCIES

In 1979-1980 the Day Activity Center's requested more follow-through on their IEP's and increased understanding by the receiving staff of the needs of their students. They also reported that a low comfort level existed with parents about the transition of their child to the new school situation. In 1980-1981 and 1981-1982 they felt that the follow-through on their IEP's and the level of understanding of the needs of students was much better. Much higher comfort levels were reported by parents.

STAFF

In 1979-1980, due to P.L. 94-142, a complete IEP was required at the time of the student's placement. Objectives were selected from the students environment. Since staff involvement was previously limited pre-placement, the DAC requested contact from receiving staff prior to entry in the new program. A very limited time for completing all new student assessments existed for both specialists and teachers. Related service providers often couldn't initiate service to students until after the six week initial review time. There were many changes in IEP's at the initial review.

During 1980-1981, more input into the student's IEP was requested and granted. Teachers and specialists observed students, reviewed assessments and recommendations, and attended some staffings. In addition, lead teachers gave other parts of the assessments (academic, language, parts of self care/ social) during the first 6 weeks. Half of the specialists' assessment in speech, OT and PT was completed during the summer. The other half had to be completed during the first 6 weeks of school. There were fewer changes at the 6 week reviews as we will see later.

In 1981-1982 the same input level was given by the staff. More of the social/self care assessments were done completely for new students. Complete assessments in fine motor, gross motor and language were done except in one case where the student's attending interferred. There were no major changes in IEP's. There were some additions of service. One placement proved inappropriate based on new nonverbal psychological testing.

PARENTS

In 1979-1980 parents indicated a desire for increased knowledge of procedures, forms and staff. More home involvement was requested. Prior contact with the program was suggested. Concerns appeared to center around procedures. This parental input obtained gave rise to the formal assessment team which was based on our parents needs and concerns.

In 1980-1981 parents felt a higher comfort level with identification of their child's needs and felt good about parental participation and home visits. They cautioned us to be sure parents felt comfortable asking questions. Staff phone numbers were asked for on a separate guide. They also asked for a guide of terms and DAC presentations on the program and on how students are assigned to classrooms. Concerns expressed were different than previous years, now parents appeared more concerned with procedures within the school (ie: better notification of school activities, notice of availability of 1:1 teacher/parent conferences without a team present) than with procedures for getting into school.

In 1981-1982 the comfort level was the same or better. Parents requested notice of procedures for assigned teachers and for calling assigned teachers before the first day to answer routine questions involving toileting and lunch. One parent requested facilitation of her child's adjustment to full day programming. A booklet of terms was again requested. Parents were very comfortable, they felt involved and satisfied. This last year seemed to have the highest comfort level of all years.

NEEDS SURVEY DATA

PURPOSE: To determine difference in agency, staff and parent concerns/ needs from year to year.

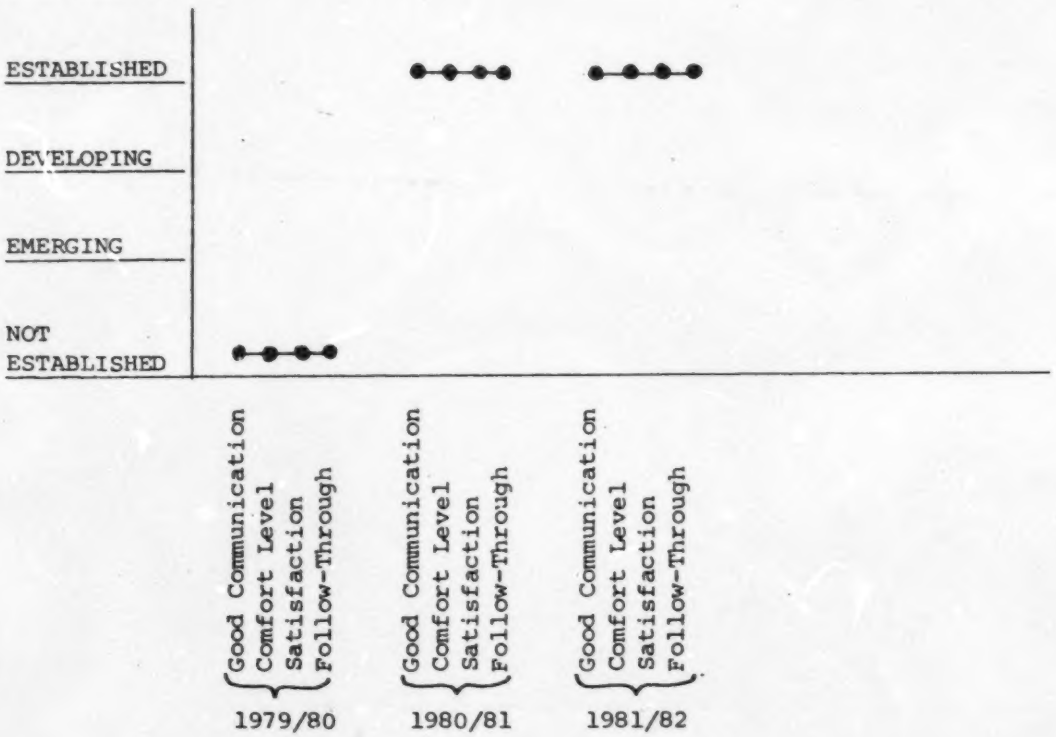
RATING: ESTABLISHED: completed, procedures in place

DEVELOPING: not completely set up, still inconsistently done, later stages

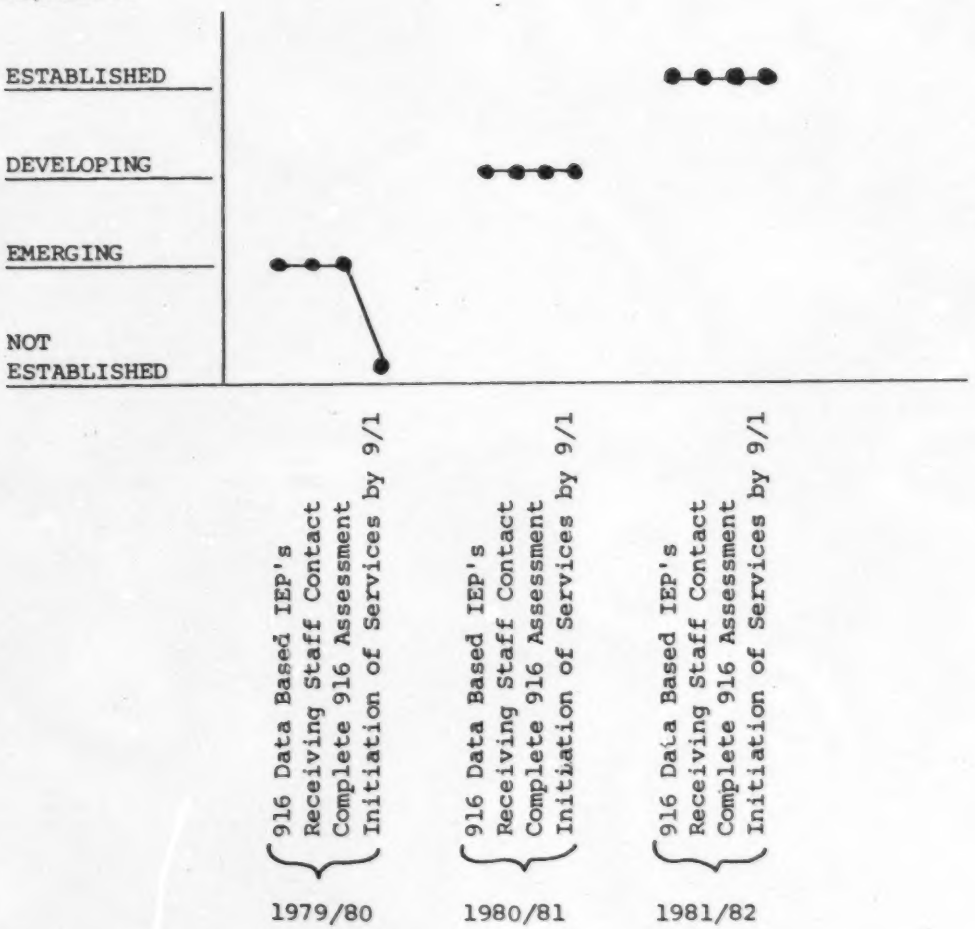
EMERGING: beginning to take effect, first stages

NOT ESTABLISHED: not present, no procedure in place

AGENCY CONERNS/NEEDS:



STAFF CONCERNS/NEEDS:



PARENT CONCERNS/NEEDS:

ASSESSMENT TEAM DATA

In 1979-1980 there were 5 students assessed. As we mentioned students needed IEP's at the time of entry so we had to adopt the IEP from the previous placement and/or write objectives for assessment. Therefore, IEP's were developed from file information and parental reports. As a result there were 13 objectives which had to be baselined during the first 6 weeks following placement. Ten objectives were altered significantly at the 6 week review. Mastery was attained on 7 objectives and 20 goals were continued. A total of 4 objectives were discontinued at the time of the first review.

In 1980-1981 there were 7 students needing IEP's at the time of entry. Time was alloted in the summer for assessment by the team. The Primary Unit's lead teacher felt that the goals established in the DAC programs should be continued rather than have new or additional goals written based on the assessment team findings and the student's current level of functioning. The assessment team did not accept this approach and therefore a compromise was reached in which the student IEP's reflected some DAC objectives which tended to be maintenance goals and other new objectives which were considered appropriate for the year. Our data in self care reflected the lead teacher's maintenance approach and accounted for the fact that 5 objectives were already mastered at the time of the 6 week review. In the area of language only partial assessments were done during the summer. This left an experienced but newly hired speech clinician with the task of completing assessments, verifying objectives and becoming acquainted with a caseload of students all in the first 6 weeks of school. There were also 2 cases in which there were goals written by previous speech clinicians whose philosophies were basically different from those of our district's language department. Therefore the language objectives needed to be continued until the district's clinicians were able to accumulate data as to the appropriateness of these objectives. As a result of these two situations there were 11 objectives discontinued at the 6 week review.

In the current school year, 7 students entered the program. This year there was greater coordination with Lead teachers, the instructional staff and specialists in terms of proposed objectives. There were also fewer objectives written for each student because the primary goal was to develop objectives based on priority of need. Nearly 2/3 of the total number of objectives were continued with approxiamtely 1/3 being mastered. There were no objectives discontinued.

In the second year of the assessment team's existence, the data reflected the facts that:

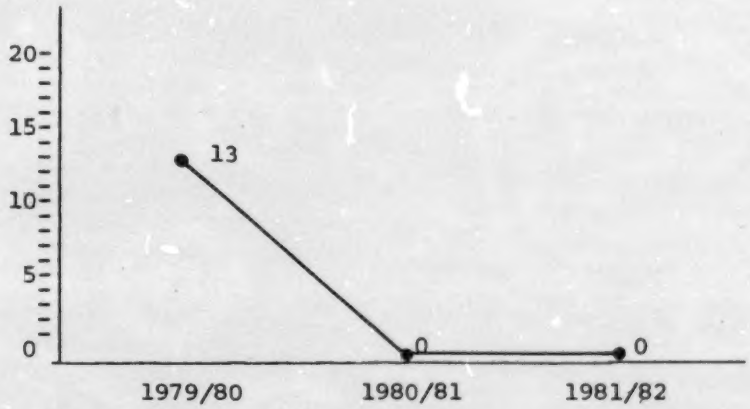
1.) the team was more efficient in it's operation and was addressing the critical needs of the students and

2.) that teacher satisfaction was greater due to their recognition of the advantages they derived from the assessment team's work.

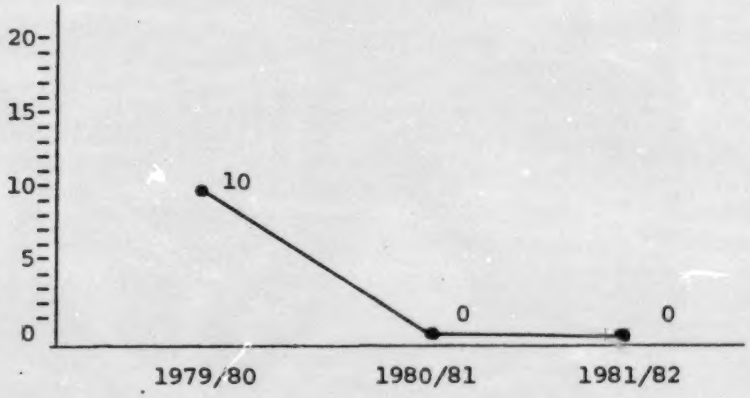
Staff response was very favorable in terms of the assessment information, the objectives developed and the overall profile and programming that the team's work provided for individual students.

DATA SUMMARY

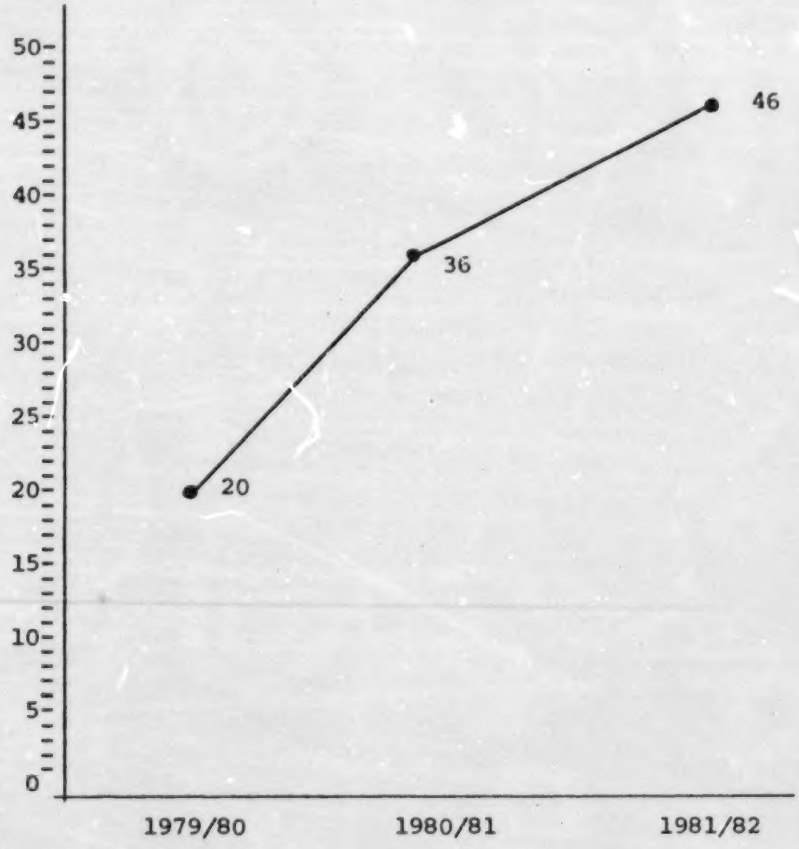
1. ASSESSMENT OBJECTIVES: Objectives written for assessment because baseline information and assessments were lacking. Note: Decline in the number of these objectives as the assessment team concept developed and matured.



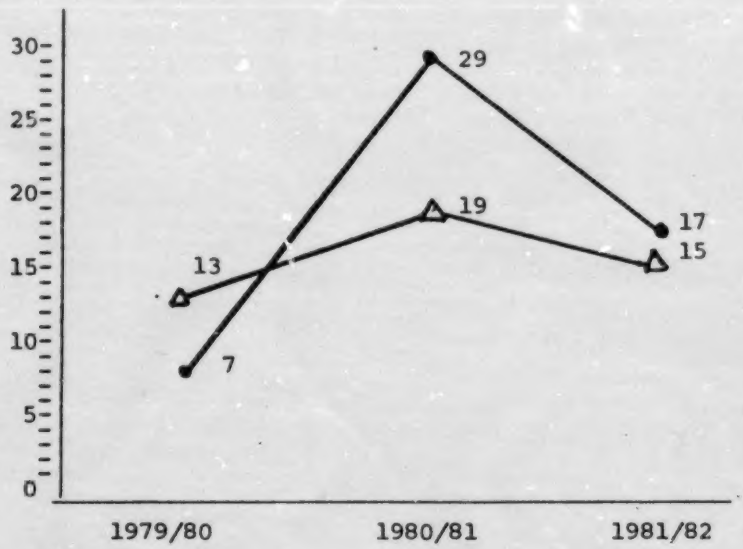
2. ALTERED SIGNIFICANTLY: Objectives to which teaching staff made major modifications in cue level or wording in revising the IEP at the Initial 6 Week Review. Again, notice the decline in significant changes as the Summer Assessment Team concept developed.



3. CONTINUED: Appropriate objectives continued past initial review. Notice the increase of on target objectives written into the initial IEP.



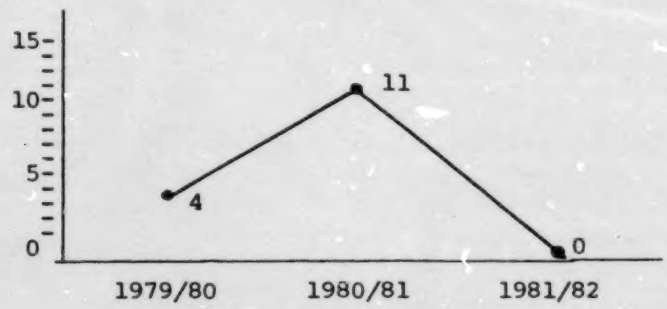
4. MASTERED: Criteria of objectives were met in less than six weeks. Notice the decline in the number of objectives which were written at or below the ability level of the student. We initially set a goal of no more than 25% of objectives mastered by the six week review. Target date of mastery for the IEP written at the placement conference was approximately nine months long.



Key: ● - Actual number of objectives mastered at 6 week review.

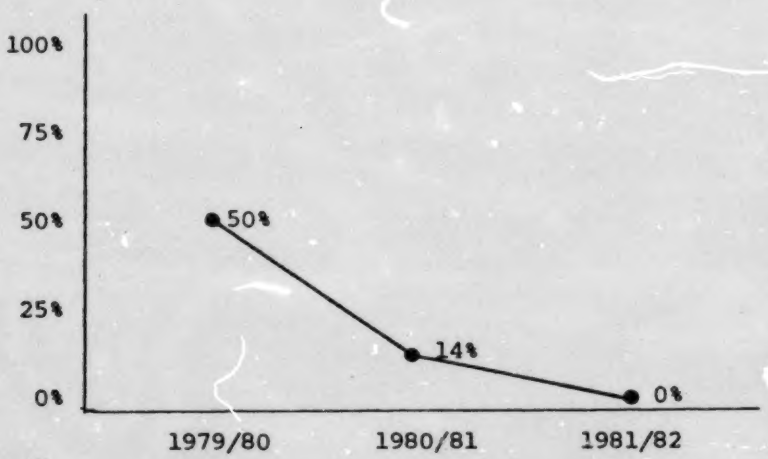
△- Figure representing 25% mastered of total number of objectives written in the initial IEP.

5. DISCONTINUED: Inappropriate objectives in the initial IEP that were deleted from the IEP at the six week review. Please note that the higher number of inappropriate or discontinued objectives written in 1980/81 were a reflection, we believe, of having to accept another program's data on several particular students until we had sufficient data over time to suggest different objectives.

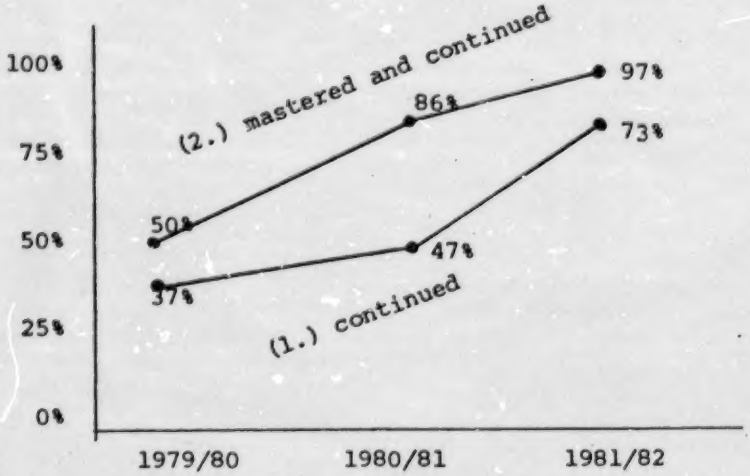


6. COMBINATIONS OF DATA:

A. Percentage of assessment, altered or modified and discontinued objectives. Note the decline in inappropriate objectives.



B. Percentage of (1.) continued and (2.) mastered and continued objectives. Note the increases in percentage of appropriate objectives in both categories.



MOTOR ASSESSMENTS

The assessment tool chosen to evaluate the gross and fine motor development of each incoming student was the Down's Syndrome Performance Inventory. The DSPI was developed for use in the Downs Syndrome Programs at the Model Preschool Center for Handicapped Children affiliated with the University of Washington in Seattle, however, its use is believed to be applicable to any developmentally delayed child. The tool was subsequently re-titled the Developmental Sequence Performance Inventory, still the DSPI. It is based on normal sequential patterns of motor, social and cognitive development.

The inventory is divided into 7 levels on which to evaluate children from birth to 8 years of age. Moreover, the listed skills are arranged linearly from the simple to the complex, assuring the mastery of requisite skills at each level of attainment before testing at the next level.

The level on which our 4 year old, incoming students was typically found to be functioning in both gross and fine motor skills was level 2, that of an 18 to 36 month old child.

The level II gross motor domain has 25 test items which examine the following skills areas: (1) balance and locomotion, (2) strength, (3) ball play, (4) trike riding and (5) response to music. Any open space is adequate for testing and the equipment needed is typical of what is available in either the child's home or school program. The test can be administered in approximately 20 minutes of active play with the child.

The level II fine motor domain has 33 test items which examine the child's ability to perform manipulative skills and to engage in drawing, art and general fine motor tasks. The equipment needed is assembled in a plastic tray, labeled according to each test item, and is offered to the child when he is comfortably seated in a chair. Using directed table tasks, the fine motor evaluation can be administered in approximately 30 minutes.

Criteria for test administration is part of the DSPI packet. The test developers recommended that items performed successfully be scored with a plus (+) and unsuccessfully with a minus (-). As a developmental therapist, I like to look at the quality of a child's performance. Therefore, I revised the rating scale for our population. In addition to the single plus and minus, I use a plus minus (+-) which means that the skill is evident but it does not meet criteria for that task and a minus plus (-+) which means that the skill is just emerging.

The majority of our testing is done at the time of the home visit. I feel that there are three distinct advantages to this procedure, (1) the child is in a secure environment where he tends to enjoy the attention from others and is therefore cooperative, (2) the parent is able to observe the testing procedure and is frequently helpful by suggesting approaches to that performance and providing additional information and (3) the team is able to do what I call arena testing. Imagine the child, mother and the 3 of us in a family room. I may have the child's attention on a book and be looking for the fine motor ability to turn pages singly but we are talking about the pictures and Mary is deriving information about the child's language development. At the same time, the mother may tell us that listening to stories is one the child's favorite activities thus providing Jan with some important social information. In contrast to testing alone and at separate times, the area method of testing provides us with shared information, it gives us a more complete picture of the child, it helps us at the time of IEP development, and is another excellent example of interdisciplinary teaming.

ASSESSMENTS - PERSONAL-SOCIAL SELF CARE

Various instruments have been used by the team. The first year we used the Alpern and Boll but found that it was more appropriate for mildly developmentally delayed children and that it was not discriminating enough or had enough items at the lower functioning levels where many of our students score. For example, in self care, at the 1 to 1½ year level, the 1½ to 2 year level, and the 2 to 2½ year level, where many of our new four year olds fall there are only three items each. The items at the 1½ to 2 year level include "Does the child know the difference between food and things which cannot be eaten?", "Does the child take off his coat without help when the buttons or zippers are undone?", "Does the child use a fork when it is available to him/her?" This instrument does not give enough information at our students level of functioning.

The second year the assessment team used the RIDES (Rockford Infant Development Scale), parts of the Pennsylvania Training Model, and sections of our curriculum assessment in Reading, Dressing, and Toileting. These instruments are supplemented by a combination of background inventory or interview assessment with the parent as reporter, DAC assessments, and the current DAC IEP. The areas covered include social skills such as making visual interaction, exploring the environment, solitary play, parrallel play, interactive play, sharing, and self concept. Safety skills such as knowledge of simple hazards are looked at. Dressing is considered in the areas of pulling on or off clothes, fastening, clothing care, clothing identification, and degree of independence with dressing. Toileting is also looked at with concentration on degree of independence, whether the child can indicate toilet needs and whether a schedule has been established. Feeding is an additional area that is screened. Questions are asked about the child's oral mechanism, his/her chewing/swallowing, scooping, finger feeding, independent eating and social eating. We find that we can be more flexible this way in items used and information obtained.

LANGUAGE ASSESSMENT

The assessment tool chosen to evaluate the language development of each incoming student is the Progressive Stages of Language Development which was developed by District 916 Speech/Language Clinicians. The clinicians of the District view the evaluation of a mentally-handicapped student's performance in relation to a developmentally-based performance sequency. They believe that this gives a more accurate measure of the student's skill level and provides information necessary for future programming. This sequence is divided into six language stages, each more developmentally advances than the previous one. The six stages are as follows:

1. PSLD I - Prelinguistic Stages
2. PSLD II - Early Language Stages
3. PSLD III - One Word Stage
4. PSLD IV - Two Word Stage
5. PSLD V - Three Word Stage
6. PSLD VI - Refining of Basic Language
    a. Subset A
    b. Subset B
    c. Subset C

Assessment using the Progressive Stages of Language Development is characterized by:

a. A series of performance skills for each language area to be assessed, at each given stage, that are considered to be characteristic of that stage and important to the student's progression to more advanced stages of language development.

b. An assessment procedure for evaluating the student's performance in each language area.

c. Criteria for passing the items in each language area at each stage.

d. Criteria for passing each language area at each stage.

e. All students evaluated at a particular stage, will be assessed with the same set of assessment tools.

f. The criteria for enrollment at each level of clinical service will be the same for all students assessed and functioning at the same performance stage on the Progressive Stages of Language Development sequence.

g. The stage at which to begin the assessment is determined by the speech/language clinician, based on his/her clinicial judgement.

Present overheads of various stages. Here are a sample of the types of items contained in the assessment.

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